

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (930)	CHAPTER 100.1
Address: 930 12 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 12, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 – No level of care obtained prior to admission on 9/17/2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it. FINDINGS Resident #1 – No level of care obtained prior to admission on 9/17/2019.	<p style="text-align: center;"> PLAN OF CORRECTION PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Nurses will review all documents with physician for new admissions and readmissions to care homes. Nurses will use the Resident Admission Checklist and house nurse partner will double check all pertinent documents have been completed.</p> </div>	<div style="text-align: right;"> <p>3/20/20</p> <p>ongoing</p> </div>

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MAR 25 2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; <u>FINDINGS</u> Resident #2 – No height recorded on admission.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 25 2024</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS Resident #2 – Progress note for November 2019 was dated 12/6/2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">RECEIVED MAR 25 2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;”</p> <p><u>FINDINGS</u></p> <p>Resident #2 – No documentation to indicate physician’s order from 10/4/2019 to increase physical activity with a minimum of 30 minutes of walking daily, was carried out.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Resident was newly admitted and order from 10/4/2019 was due to inactivity from previous residence. Resident is currently participating with more activities in the current care home. The order from 10/4/2019 has been discontinued on 12/19/2019.</p> </div>	<p>3/20/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p> <p><u>FINDINGS</u></p> <p>Resident #1 – Weekly weights every Saturday ordered on 9/17/2019. However; no weight recorded for 9/28/2019 on the medication administration record (MAR).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAR 25 2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #2 – Face sheet does not accurately reflect the resident's diagnoses.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Diagnoses noted on the resident's face sheet.</p>	<p>3/20/20</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. <u>FINDINGS</u> Resident #2 – Face sheet does not accurately reflect the resident's diagnoses.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Nurses to review and double check with house nurse partner information regarding all admission/readmission documentations, after visit summaries, and/or physician notes. New information to be reviewed and noted in the resident's chart as needed. House nurse partner to double check physician notes and after visit summaries at shift change for pertinent information and add into resident's information sheet and chart.</p>	<p style="text-align: right;">3/20/20 + ongoing</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services, (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident; FINDINGS Resident #1 – No nutrition care plan for resident with weight loss, skin breakdown, dysphagia, nutrition supplementation, and thickened liquids.	<p style="text-align: center;"> PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY </p> <p style="text-align: center;">Contacted CM to provide nutritional care plan.</p>	<p style="text-align: right;">3/20/20</p>

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FINDINGS

Resident #1 – No nutrition care plan for resident with weight loss, skin breakdown, dysphagia, nutrition supplementation, and thickened liquids.

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Licensee's/Administrator's Signature: _____

[Signature]

Print Name: _____

Lora Garcia

Date: _____

3/20/20

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